

Notice of Intent (NOI) for Stormwater Discharges from Large and Small Construction Activities, NPDES General Permit SCR100000

SOMOTE PROTECT PROSPER							
For afficial use only	For official v	se only					
File number:							
Permit number: SCR10							
Submittal package complete:							
Public Notice Start Date (OCRM only):							
Submission of an NOI constitutes notice that the entity identified in Section Lintends to be authorized under SCR100000. Instructions on page 5.		··					
Date: Project/ Site Name: EAST Coast Equipment Do you want this project to be considered for the	NE Evanditud 9	eview Program	COLLEGE TO SERVICE TO	Dunty: Dolc	HESTER		
Do you want this project to be considered for the If yes, is the design of this project above regulatory	requirements	or Low Impact	Development?	□Yes □No	•		
If yes, is the design of this project above regions. I. Project information	ر. مرسون د ارا	Paratot	56 11 C				
Project Owner/ Operator (Company or person)	Phone:	TROPERIN	Fax:				
Company EIN: 1-11111111111111111111111111111111111	4NE	City: Summ	GEVILLE STO	te: <u>SC</u> Zip:	<u> 29483</u>		
Permit Contact (If owner is company):	HAYEK	City:	Phone: Std				
Mailing Address:							
Email address (optional): II. Property information			-av B	16-10-5	۵۱		
II. Property information A. Site Location (street address, nearest interse	ection, etc.):_	365 MULBE	Longitude: -	80°35'12"V	7		
CHV/ LOWN BEITHBIBLE 311 LICOLAGE		· <u>35 13 5.D.</u> '	Longious,				
Tax map # (list all): 6(3-00-00-00-00-		· · · · · · · · · · · · · · · · · · ·	Phone:		··		
B. Property Owner: Mailing Address:		City:	Sto	ale:Zlp:			
A. Disturbed area (to the nearest tenth of an acre): A. Disturbed area (to the nearest tenth of an acre): B. Disturbed area (to the nearest tenth of an acre): B. Disturbed area (to the nearest tenth of an acre): B. Disturbed area (to the nearest tenth of an acre): B. Disturbed area (to the nearest tenth of an acre): B. Disturbed area (to the nearest tenth of an acre): Chack here if this is the first phase. Check here if this is the first phase. Completion Date: Completion Date: On phase. Completion Date: On phase. Completion phase. Completion Date: On phas							
W Webshody Information			Distance to ne				
A. Nearest receiving waterbody(s) [RWB]: Ep Classification of nearest RWB:	ISIO KIYE	Next/Nearest	named RWB:				
B. 1. Waters of the U.S./ State	On the site?	Delineated/ Identified?	Impacts?	Amount of	impacts		
	□Yes □No	☐Yes ☐ No	☐Yes ☐No	Ac			
To Non-jurisdictional wetlands	Yes □ No	Yes No		O.ESI AC	Feet		
c. Other Water(s) List:	Yes No	☐ Yes ☐ No	☐ Yes ☐ No	^^c_			
2. If yes for impacts in B.1, describe each impact and activity, and list all permits (e.g., USACOE Nationwide permit, DHEC General Permit) and certifications that have been applied for or obtained for each impact. Re-grading for a Panel.							

C. Impaired Waterbodies (See instructions.) Lid the nearest DHEC water quality monitoring station(s) [WQMS(s)] to which construction starmwater (SW) discharges will be nearest DHEC water quality monitoring station(s). Lid the nearest DHEC water quality monitoring station(s). Lid the work Stip State on the most current 303(c) List for impaired waters? Lives 2010. Lif yes for I. will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? Lif yes for I. will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? Lif yes for I. will the site's construction SW discharges contain any pollutant(s) and contribute to are ausered to the site's of the will use of the proposed BWTs ensure that the site's discharges will not contribute to are ausered for the site of the si	List the nearest DHEC water quality maniforing station(s) [WGMS(s)] to when construction shirtwise (SN) decoding will drain and the corresponding waterbody(s). 1. Is the WGMS(s) [sited on the most current 303(d) List for impaired waters? [Ves_BNO] 2. It is the impairment(s) affected by the pollutant(s) referenced in 0. 3. It is start in the impairment(s) affected by the pollutant(s) referenced in 0. 4. If yes for b, bit the impairment(s) affected by the pollutant(s) referenced in 0. 5. If yes for b, bit the impairment(s) affected by the pollutant(s) referenced in 0. 6. If yes for b, bit the impairment(s) affected by the pollutant(s) referenced in 0. 6. If yes for b, bit the impairment(s) affected by the pollutant(s) listed in cell yes [No] 7. If yes for b, bit the impairment(s) affected by the pollutant(s) listed in cell yes [No] 8. If yes for b, bit the impairment(s) affected by the pollutant(s) listed in cell yes [No] 9. If yes for b, will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? 9. If yes for b, will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? 9. If yes for b, will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? 9. If yes for b, will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? 9. If yes for b, will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? 9. If yes for b, will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? 9. If yes for b, will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? 9. If yes for b, will the site's construction SW discharges contain any pollutant(s) causing the impairment so the state of the site? 9. If yes for b, will the site of the site? 9. If yes for b, will the site of the site? 9. If yes for b, then describe activities for site site of the site? 9. If yes for b,				
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will drain and the corresponding waterbody(s) 1. Is this Wook(s)(s) (sted on the most current) 2. If yes (or 1, sit) the imposiment(s). 3. If yes (or 1, sit) the imposiment(s), a construction sw discharges contain any pollutant(s) causing the impairment(s) b. If yes for 1, sit) the sit of the construction sw discharges contain any pollutant(s) causing the impairment(s)? 3. If yes for b. Sit the imposiment(s) affected by the pollutant(s) reterenced in b. 4. If yes for b. Sit the imposiment(s) affected by the pollutant(s) reterenced in b. 5. If yes for b. Will use of the proposed BMPs ensure that the sits discharges will not contribute to or cause further water quality standard violations for the imposiment(s) listed in c? □ Yes □ No 2. Ha or TMD(s) been developed for this WOMS(s)? Use □ DNO 3. If yes for 2, its the imposiment(s). 5. If yes for 2, bit the imposiment(s). 6. If yes for 2, bit the istendard been attained for all imporment(s)? □ Yes □ No 6. If yes for 2, bit the standard been attained for all imporment(s)? □ Yes □ No 7. If yes for 2, bit the standard been attained for all imporment(s)? □ Yes □ No 8. If yes for 2, bit the standard been attained for all imporment(s)? □ Yes □ No 9. If yes for 2, bit the constitution of the SCNW? 9. If yes for 2, bit the carbidities in SCNW expend under a DHEC General Permit or other DHEC permit? □ Yes □ No 9. If yes for 1, will any construction activities cross over or occur in, under, or through the SCNW? □ Yes □ No 9. If yes for 1, will any carbidities of No	will drain and the corresponding waterbody): 1. Is the WigNS(s) (sted on the most current) 303(a) List for impaired Waters? "Ves Link" 2. If yes for 1. Is the impairment(s) 3. If yes for 1. Is the impairment(s) offected by the pollutant(s) referenced in b. the step of the proposed BMPs ensure that the site's discharges will not contribute to or cause further water quality standard violations for the impairment(s) is defined in a further water quality standard violations for the impairment(s) is discharges will not contribute to or cause further water quality standard violations for the impairment(s) is discharges will not contribute to or cause further water quality standard violations for the impairment(s) is discharges will not contribute to or cause further water quality standard violations for the impairment(s) is given to the standard violations for the impairment(s)? Yes Inc. 2. Has a Thul(s) been developed for this WQMS(s); Yes Inc. 3. If yes for 2, list the standard been attained for all impairment(s)? Inc. I	List the pogrest DHEC water quality monitoring station(s) [WQMS(s)] to which const	truction stormwater	(2w) aiscnarges
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City yes for b. Sit the impairment(s) affected by the pollutant(s) referenced in b.	C. If yes for b, ist the impairment(s) affected by the pollutant(s) referenced in b. d. If yes for b, will use of the proposed BMPs ensure that the site's discharges will not contribute to or cause further water quality standard violations for the impairment(s) listed in c? □Yes □No 2. Has a TMDL(s) been developed that is WAMS(s)? □Yes □No o. If yes for 2, has the standard been affained for all impairment(s)? □Yes □No o. If yes for 2, has the standard been affained for all impairment(s)? □Yes □No o. If yes for 2, has the standard been affained for all impairment(s)? □Yes □No o. If yes for 1, ist the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? □Yes □No o. If yes for 1, ist the name of the SCNW; b. If yes for 1, will any construction activities cross over or occur in, under, or through the SCNW? □Yes □No c. If yes for 5, and masche activities in SCNW covered under a DHEC General Permit or other DHEC permit? □Yes □No o. If no for d, so so SCNW permit been applied for or issued for the site? □Yes □No o. If no for discribites □Yes, for some activities □No v. Operation Information A. SWPPP Preparer. □No SCNW permit been applied for or issued for the site? □Yes, for all activities □Yes, for some activities □No No Standard Information A. SWPPP Preparer. □NO SCNW permit number(s) and corresponding activities. V. Operation Information A. SWPPP Preparer. □NO SCNW permit number(s) and corresponding activities. V. Operation Information A. SWPPP Preparer. □NO SCNW permit number(s) and corresponding activities. V. Operation Information A. SWPPP Preparer. □NO SCNW permit number(s) and corresponding activities. V. Operation Information A. SWPPP Preparer. □NO SCNW permit number(s) and corresponding activities. V. Operation Information A. SWPPP Preparer. □NO SCNW permit number(s) and corresponding activities. V. Operation Information A. SWPPP Preparer. □NO SCNW permit number(s) Poly Silven Preparer. □NO SCNW permit number(s) Poly Silven Preparer. □NO SCNW p	a. It yes for 1, list the impairment(s).	arges contain any pollutan	t(s) causing the im	pairment(s)?
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D.1. Are S.C. Navigable Waters (\$CNW) on the site? Tyes Sho a. If yes for I, list the name of the SCNW: b. If yes for I, list the name of the SCNW: c. If yes for I, hall any construction activities cross over or occur in, under, or through the SCNW? The S	D. 1. Are Sc. Navigable Waters (SCNW) on the site? Yes SNo a. If yes for 1, list the name of the SCNW: b. If yes for 1, list the name of the SCNW: b. If yes for 1, list the name of the SCNW: c. If yes for b, then describe activities. d. If yes for b, then describe activities in SCNW covered under a DHEC General Permit or other DHEC permit? Yes No e. If no for d, has an SCNW permit been applied for or issued for the site? Yes, for all activities Yes, for some activities No f. If yes for d or e, list permit number(s) and corresponding activities. Yes for d or e, list permit number(s) and corresponding activities. V. Operator Information A. SWPPP Preparer: Gaynelle Winth Surper Succession	d. If yes for c, are your discharges consistent with	h the assumptions and requ	uirements of the IM	IDF(s) &
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b. if yes for 1, will any construction activities cross over or occur in, under, or through the Schwe Line c. If yes for b, are the activities in SCNW covered under a DHEC General Permit or other DHEC permit? Yes The for d, has an SCNW permit been applied for or issued for the site? Yes, for all activities Yes, for some activities No f. If yes for d or e, list permit number(s) and corresponding activities. V. Operator Information A. SWPPP Preparer: Gaynette Link the Shipp S.C. Registration # 25/25/21 Molling Address: P.O. No. & 2065 State: SC. Zip: 294/19 Phone: (Day) 343, 552 - 3969 (Mobile) 343 200 - 1706 (Fax) Phone: (Site Contact (if ODSA is company): Site Contact (if ODSA is company): V. Signatures and Certifications: DO NOT SIGN IN BLACK INKI A. One copy of the SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted and made a part of this application. I have placed my signature and seal on the design documents submitted and made a part of this application. I have placed my signature and seal on the design documents submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Tille 48, Chapter 14 of the Code of Laws of SC. 1976 as amended, pursuant to Regulation 72-300 et sea, and in accordance with a system design of the system. Further, I certify to the best of my knowledge and scripting the information in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information,	b. If yes for 1, will any construction activities cross over or occur in, under, or through the Schwell is c. If yes for b, are the activities in SCNW covered under a DHEC General Permit or other DHEC permit? Yes Indoor d, has an SCNW permit been applied for or issued for the site? Yes, for all activities Yes, for some activities No If yes for d or e, list permit number(s) and corresponding activities. V. Operator Information A. SWPPP Preparer: Gaynalle Whitte - Shipp S.C. Registration #: [2] S.C. COA # [0] 2] 5] S.C. COA # [0] 2] S.C. COA # [0] 2] 5] S.C. COA # [0] 2] S.C. COA # [0] S.C.	D. 1. Are S.C. Navigable Waters (SCNW) on the site? Lix	es ⊠No		
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Yes for do re, list permit number(s) and corresponding activities. V. Operator Information A. SWPPP Preparer: Gaynelle Whithe - Shipp S.C. Registration #: 25/150 S.C. CoA #d 02/15/217 Mailing Address: Po. Bas. 62065 City: N. CHAS State: S.C. COA #d 02/15/217 Mailing Address: Po. Bas. 62065 City: N. CHAS State: S.C. Cip: 294/9	Yes for d or e, list permit number(s) and corresponding activities. V. Operator Information	TYes TNo			
V. Operator Information A. SWPPP Preparer: Gaynelle Whittle Shipp S.C. Registration #: 25/150 Company Firm: AWS Tax. State: Sta	F. If yes for d or e, list permit number(s) and corresponding activities. V. Operator Information A. SWPPP Preparer: Gaynette White - Shipp S.C. Registration #: 251/52 Campany Firm: 4WS The States C. If Y. N. CHAS States C. Ip: 294/9 Phone: (Day) [843, 552-896] (Mobile) 843 200-1706 (Fax) Email address (optional): B. Operator of Day-to-Day Site Activities (DDSA) (Company or person): Mailing Address: Phone: Site Contact (if ODSA is company): VI. Signatures and Certifications: DO NOT SIGN IN BLACK INKI A. One copy of the SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC. 1976 as amended, Dursuant to Regulation 72:300 et seq. and in accordance with the terms and conditions of SCR 100000. (This should be person identified in Section V.A.) Check one. Denote Title B Surveyor Landscape Architect Signature SWPPP Preparer St. C. Registration # St. C. Registration for supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or hose persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief. Irue, accourde and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I hereby certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and its keeping with the terms and conditions of the approved plans and SCR 100000. Lals accentify th	e. If no for d, has an SCNW permit been applied	d tor or issued for the site?		
N. Operator Information A. SWPPP Preparer: Gaynelle Whitte-Shipp S.C. Company/ Firm: AWS_Txc. Mailing Address: P.O. Box 6 2065 City: N. CHAS State: Sc. Zip: 29419 Phone: (Day) [343, 552-2916] (Mobile) \$43 200-1706 Email address (optional): B. Operator of Day-to-Day Site Activities [ODSA] (Company or person): Mailing Address: From Fax: State: Zip: Phone: Site Contact (if ODSA is company): Fax: Phone: Site Contact (if ODSA is company): Fax: Phone: Site Contact (if ODSA is company): Phone: VI. Signatures and Certifications: DO NOT SIGN IN BLACK INK! A. One copy of the SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and bellef that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC. 1976 as amended, pursuant to Regulation 72-300 et seq., and in accordance with the terms and conditions of SCR 100000. (Phis should be person identified in Section V.A.) Check one. Designinger □ Titler 8 Surveyor □ Landscape Architect Gaynelle Whitte-Ship Signature of SWPPP Preparer Signature of SWPPP Preparer S.C. Registration # Signature of SWPPP Preparer S	N. SWPPP Preparer: Gaynette Whitte-Shipp S.C. Registration #: 25/15/2 State: S.C. COA #d 02/25/21/2 Amdiling Address: P.O. Box 62065 City: N. CHAS State: S.C. COA #d 02/25/21/2 Phone: (Day) (343, 552-2969 (Mobile) 643 200-1706 (Fax) Email address (optional): B. Operator of Day-to-Day Site Activities (ODSA) (Company or person): Mailing Address: Phone: Fax: State: Zip: Phone: State: State: Zip: Phone: Site Contact (If ODSA is company): Phone: Phone: Site Contact (If ODSA is company): Phone: Phone: Site Contact (If ODSA is company): Phone: Site Contact (If ODSA is company): Phone: Phone: Site Contact (If ODSA is company): Phone: Phone: Phone: Site Contact (If ODSA is company): Phone: Site Contact (If ODSA is company): Phone: Phone: Site Contact (If ODSA is company): Phone: Phone: Phone: Phone: Site Contact (If ODSA is company): Phone: P	☐ Yes, for all activities ☐ Yes, for some activ	mes Lino responding activities		
A SWPPP Preparer: Gaynette Whittle - Shipp S.C. Registration #: 125/15/10 Company/ Firm: GWS_Tw. Shipper State: Sc. CoA # (02/51/21) Mailling Address: Po. Box 6265 City: N. CHAS State: Sc. Zip: 294/9 Phone: (Day) [943). 552-8969 (Mobile) 843. 200-1706 (Fax) B. Operator of Day-to-Day Site Activities (ODSA) (Company or person): Mailling Address: City: State: Zip: Phone: Site Contact (if ODSA is company): Phone: VI. Stanatures and Certifications: DO NOT SIGN IN BLACK INKI A. One copy of the SWPPP. Old specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC. 1976 as amended, pursuant to Regulation 72-300 et seq., and in accordance with the terms and conditions of SCR100000. (This should be person identified in Section V.A.) Check one. Exergineer Tier B Surveyor Clandscape Architect Gaynette Whittle Ship Signature of SWPPP Preparer B. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the Information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I hereby certify that all land-distrubing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the ap	A. SWPPP Preparer: Guynelle Whittle-Ship Sc. CRegistration #: 25/5/5/6 Company/ Firm: WS TE. Company/ Firm: GWS TE. Mailing Address: P. D. Box 6265 (Mobile) 843 200-1706 (Fax) Email address (optional): B. Operator of Day-to-Day Site Activities (ODSA) (Company or person): Mailing Address: Phone: Site Contact (if ODSA is company): YI. Signatures and Certifications: Do NOT SIGN IN BLACK INK! A. One copy of the SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC. 1976 as amended, pursuant to Regulation 72-300 et sea, and in accordance with the terms and conditions of SCR 100000. (This should be person identified in Section V.A.) Check one. WEignineer Titler B Surveyor Clandscape Architect Signature of SWPPP Preparer B. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted assed on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I hereby certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans and SCR 100000. Lals certify that a responsible person will be assigned to the project f	i. It yes for a or e, list permit number(s) and cor	esponding denvines.		
A SWPPP Preparer: Gaynette Whitte-Ship S.C. Registration #:125/15/10 Company/ Firm: GWS_Tw. State: Sc. CoA # (02/51/21) Mailing Address: Po. Box 6265 City: N. CHAS State: Sc. Zip: 294/9 Phone: (Day) [943) 552-89 (Mobile) 843 200-1706 (Fax) B. Operator of Day-to-Day Site Activities (ODSA) (Company or person): Mailing Address: City: State: Zip: Phone: Site Contact (if ODSA is company): Phone: VI. Stanatures and Certifications: DO NOT SIGN IN BLACK INKI A. One copy of the SWPPP. Old specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48. Chapter 14 of the Code of Laws of SC. 1976 as amended, pursuant to Regulation 72-300 et seq., and in accordance with the terms and conditions of SCR100000. (This should be person identified in Section V.A.) Check one. Engineer Tier B Surveyor Clandscape Architect Autiful Surveyor Tier B Surveyor Clandscape Architect Autiful Surveyor Tier B Surveyor Signature of SWPPP Preparer B. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I hereby certify that all land-distrubing construction and associated activity pertaining to this site shall be accomplished pursuant to and in	A. SWPPP Preparer: Gaynette Whitte-Ship Sc. CRegistration #: 25/5/5/6 Company/ Firm: WS Tix. Mailing Address: P.O. Box 6265 City: N. CHAS State: Sc. Zip: 29419 Phone: [Day) (343, 552-366) (Mobile) 843 200-1706 (Fax) Email address (optional): B. Operator of Day-to-Day Site Activities [ODSA] (Company or person): Mailing Address: Phone: Site Contact (if ODSA is company): VI. Signatures and Certifications: Do NOT SIGN IN BLACK INK! A. One copy of the SWPPP. all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48. Chapter 14 of the Code of Laws of SC. 1976 as amended, pursuant to Regulation 72-300 et seq., and in accordance with the terms and conditions of SCR100000. (This should be person identified in Section V.A.) Check one. WEngineer Titer B Surveyor Clandscape Architect Signature of SWPPP Preparer B. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted assed on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I hereby certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans and SCR100000. Lals certify that a responsible perso	V Operator information			
Company/ Firm: AWS THE Modiling Address: P. O. Box 62065 City: N. CHAS State: SC Zip: 29419 Phone: (Day) [843, 552-876] (Mobile) 843 200-1706 (Fax) Email address (optional): 8. Operator of Day-to-Day Site Activities [ODSA] (Company or person): Malling Address: City: State: Zip: Phone: Phone: Fax: City: State: Zip: Phone: Site Contact (if ODSA is company): Phone: Phone: Site Contact (if ODSA is company): Phone: VI. Standures and Certifications: DO NOT SIGN IN BLACK INKI A. One copy of the SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48. Chapter 14 of the Code of Laws of SC. 1976 as amended, bursuant to Regulation 72-300 et seq. and in accordance with the terms and conditions of SCR 100000. (This should be person identified in Section V.A.) Check one. **Intellect **Intellect** Surveyor** Clandscape Architect** B. Icertify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I hereby certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans and SCR 100000. I also acc	Mailing Address: P. O. Bex 6265 City: N. CHAS State: SC Zip: 2919 Phone: (Day) [843.552-896] (Mobile) 643.200-1706 (Fax) Email address (optional): B. Operator of Day-to-Day Site Activities (ODSA) (Company or person): Mailing Address: Phone: Site Contact (if ODSA is company): Phone: Site Contact (if ODSA is company): Phone: VI. Signatures and Certifications: DO NOT SIGN IN BLACK INKI A. One copy of the SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48. Chapter 14 of the Code of Laws of SC. 1976 as amended, pursuant to Regulation 72:300 et seq., and in accordance with the terms and conditions of SCR 100000. (This should be person identified in Section V.A.) Check one. Designed Title 8 Surveyor Clandscape Architect Gay Let Whittle Surveyor I Landscape Architect Gay Let Whittle Surveyor I Landscape Architect Gay Let Land wave that there are significant penalties for submitting false information, including the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I hereby certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans and SCR 100000. I als certify that a responsible person will be assigned to the project for day-to-day control. I hereby grant authorization to the tost. C. Department of the purpose of on site inspections during the course of construction and to perform maintenance inspections following the completion of the lan	A SWAPP Proporer Gaugelle Libittle - S	ممنيا	S.C. Registratio	n #: 25/50
Mailing Address: P.O. Box 62065 Phone: [Day/[843] 552-8969] (Mobile) 843 200-1706 (Fax) Email address (optional): B. Operator of Day-to-Day Site Activities [ODSA] (Company or person): Mailing Address: Phone: Site Contact (if ODSA is company): Fax: Site Contact (if ODSA is company): Phone: Site Contact (if ODSA is company): VI. Signatures and Certifications: Do NOT SIGN IN BLACK INKI A. One copy of the SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC. 1976 as amended, pursuant to Regulation 72-300 et seq., and in accordance with the terms and conditions of SCR 100000. (This should be person identified in Section V.A.) Check one. Definition of Items Burveyor Landscape Architect Gayrielle Whittle-Ship Signature of SWPPP Preparer S.C. Registration # B. Icertify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I hereby certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans and SCR100000. I also certify that a responsible pers	Mailing Address: P.O. Box 62065 City: N. C.H.A.S State: SC. Zip: 29419 Phone: [Day] 343, 552-3969 (Mobile) 843. 200-1706 (Fax) Email address (optional): B. Operator of Day-to-Day Site Activities [ODSA] (Company or person): Mailing Address: City: State: Zip: Phone: Site Contact (if ODSA is company): Phone: Site Contact (if ODSA is company): Phone: WI. Signatures and Certifications: DO NOT SIGN IN BLACK INK! A. One copy of the SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48. Chapter 14 of the Code of Laws of SC. 1976 as amended, pursuant to Regulation 72-300 et seq., and in accordance with the terms and conditions of SCR100000. (This should be person identified in Section V.A.) Check one. Denote Title 8 Surveyor Landscape Architect Signature of SWPPP Preparer January Mailler Shire Finited name of SWPPP Preparer Signature of SWPPP Preparer Conditions of the system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Thereby certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and co	Company/Firm: GW/S T.		3.0,00	へべいしんうしん
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